## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

MCNC - SRT-548.0

|   |  |   |                      |                               |                                     |                  |       |                     |                        |       |                     | l l                    |
|---|--|---|----------------------|-------------------------------|-------------------------------------|------------------|-------|---------------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Cciumn 2)  |  |   |                      |                               |                                     |                  |       | SMALL EN            |                        | OF    | OTHER<br>SMALL E    |                        |
| TOTAL CLAIMS  |  |   | 65                   |                               | İ                                   |                  |       | RATE                | FEE                    |       | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED         |                               | NUMBER EXTRA                        |                  |       | BASIC FEE           | 385.00                 | Oñ.   | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 65 minus 20=         |                               | . 45                                |                  |       | XS 9=               | کمها                   | OR    | XS18=               |                        |
| INDEPENDENT CLAIMS  |  |   | <i>q</i> minus 3 = * |                               |                                     | 2                |       | X43=                | 258                    | OR    | X86=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PE                             | RESENT               |                               | ,                                   |                  |       | +145=               |                        | OR    | <b>+290</b> =       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                      |                               |                                     | l                | TOTAL | 1048                | OR                     | TOTAL | . (0                |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                      |                               |                                     |                  |       | SMALL E             | ENTITY                 | OR    | OTHER<br>SMALL I    |                        |
|   |  | (Column 1)                                | ·                    | (Colur                        |                                     | (Column 3)       | 1 1   |                     | <del></del>            | ſ     |                     | ADDI-                  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER                                 | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | TIONAL                 |
|   | Total  | *   | Minus                | **                            |                                     | =                |       | X\$ 9=              |                        | OR    | X\$18=              |                        |
|   | Independent                                    | *   | Minus                | ***                           |                                     | =                |       | X43=                |                        | OR    | X86≃                |                        |
| 4   | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEI          | PENDEN'                       | T CLAIM                             |                  | ו     | +145=               |                        | OR    | +290=               | 1                      |
|   |  |   |                      |                               |                                     |                  |       | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT: FEE |                        |
|   |  |   |                      | (O-1                          | 0)                                  | (Calumn 2)       | ١     | ADDIT. FEE          |                        |       |                     | 1                      |
| _   |  | (Column 1)                                | 1                    |                               | ımn 2)<br>HEST                      | (Column 3)       | ጎ     |                     | ADDI-                  | 1     | Γ                   | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUM<br>PREV                   | MBER<br>IOUSLY<br>D FOR             | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE          |       | RATE                | TIONAL                 |
|   | Total  | +   | Minus                | **                            |                                     | =                |       | XS 9=               |                        | OR    | X\$18=              |                        |
|   | Independent                                    | *   | Minus                | ***                           |                                     | =                | 4     | X43=                |                        | OR    | X86=                |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE           | PENDEN                        | IT CLAIM                            |                  |       | +145=               |                        | OŘ    | +290=               |                        |
|   |  |   |                      |                               |                                     |                  |       | TOTAL<br>ADDIT. FEE |                        |       | TOTA<br>ADDIT. FE   |                        |
|   |  | (Column 1)                                |                      | (Col                          | umn 2)                              | (Column 3        | 3)_   | 70011.123           |                        |       |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIC<br>NU<br>PRE\             | CHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | -     | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                | **                            |                                     | =                |       | X\$ 9=              | 1                      | OF    | X\$18=              | :                      |
|   | Independent                                    | •   | Minus                | ***                           |                                     | =                | 4     | X43=                |                        | OF    | X86=                |                        |
| [   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                               |                                     |                  |       | +145=               |                        | OF    | 000                 | :                      |
| • If the entry in column 1 is less than the entry in column 2 write "0" in column 3   |  |   |                      |                               |                                     |                  |       | TOTA                |                        | OF    | TOTA                | AL                     |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ADDIT FEE ADDIT FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"  The "Highest Number Previously Paid For" Total or Independent: is the highest number found in the appropriate box in column 1. |  |   |                      |                               |                                     |                  |       |                     |                        |       |                     |                        |